SUMMONS FOR WITNESS		DOCKET NUM	DOCKET NUMBER		Trial Court of Massachusetts District Court Department	
SESSION: Criminal Jury	Ц	NAME	AND ADDRESS OF COURT DIVISION		YOU MUST	
NAME, ADDRESS AND ZIP CODE OF DEFENDANT				Quincy District Court APF		APPEAR AT
Commonwealth vs.				1 Delinis Ryalli alkway		THIS COURT ADDRESS
Commonwealth vo.				ncy, MA 02169 ADDRESS siding Justice: Hon. Mark S. Coven ON		
			l residi	rig duotioe. Flori: Ma		THE DATE
			DATE	AND TIME OF APP	EARANCE	AND TIME SPECIFIED
			3/29	3/29/2012 at 8:45 AM for a Jury Trial HEREIN		
				DATE	TIME	
NAME, ADDRESS AND ZIP CODE OF WITNESS				NSE(S)		L
Kate Corbett				ssion Calls A, Pos	session Class B	
Department of Public Health						
· ·						
State Laboratory Institute						
305 South Street						
Boston, MA 02130						
TO ANY PERSON AUTHORIZED TO SERVE CRIMINAL PROCESS IN THE COMMONWEALTH:						
You are hereby commanded to forthwith serve the annexed summons upon the defendant or witness						
named within by delivering it to the defendant or witness personally, or by leaving it at the dwelling house						
or usual place of abode of the defendant or witness with some person of suitable and discretion then						
residing therein, or by mailing it to the last known address of the defendant or witness.						
NOTE: A summons for a witness may also be served by any person authorized to serve a summons						
in a civil action. See Rule 17(d)(1) of the Massachusetts Rules of Criminal Procedure. To the above named Witness:						-
You are hereby required in the name of the Commonwealth, to make your appearance before						
the Justices of the Court on the date and time noted above, and to appear from time to time						
and day to day thereafter as ordered. You are further required to bring with you:						
						1
PLEASE CONTACT ADVOCATE JEN FLAHERTY, at 617-769-6100, ext. 155, TO						
CONFIRM Y	YOUR AP	PEARANCE. THANK YO	<u>U.</u>			
		4 4 1 0 .			DATE OF ISSUE	
WITNESS: Mufaul W Morrosay						
	1					
		V				
	Michael V	Morrissey, District Attorr	ney		January 26, 2017	
RETURN OF SERVICE						
I hereby certify that I served the within summons upon the above named Defendant Witness by						
□ Delivering a copy of it personally to the defendant or witness.						
□ Leaving a copy of it at the dwelling house or usual place of abode of the defendant or witness with						
a person of suitable age and discretion residing therein.						
□ Mailing a copy of it to the last known address of the defendant or witness.						
□ I received the summons on but I was unable to make service DATE RECEIVED						
1.						
because:						
DATE OF SERVICE		SIGNATURE OF PERSON MAK	ING SERVICE	TITLE OF DE	RSON MAKING SERVI	 CE
2/3/2012		James McLaughlin			Assistant District Attorney	
21012012		James Michaugi IIII		Maaialaill	PISHIOL ALLOHIE	у